

Chloe A. Lucero
c/o Dan DeNorch
16055 SW Walker Rd. #165
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FILED 25 JUL '22 10:50 USDC-ORE

Amicus Curiae for Defendant Joseph Dibee

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON
EUGENE DIVISION

UNITED STATES OF AMERICA,)	NO. 6:06-cr-60011-AA-1
)	
Plaintiff,)	Amicus Curiae for Joseph Dibee
)	
v.)	
)	
JOSEPH DIBEE,)	
)	
Defendant.)	
)	

Joseph Dibee, is a Hero. He should not spend one day in jail. The United States needs more people like him.

Dated this 21st day of July 2022


Chloe A. Lucero

Lucero v. United States, No.: 2:21-cv-000683-RAJ, 2021.
International Criminal Court Complaint No.: OTP-CR-473/19.

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Case 6:06-cr-60011-AA-1
Amicus Curiae for Joseph Dibee



CANADA



CANADA

DD226 058 361

D300437385

REFUGEE PROTECTION CLAIMANT DOCUMENT

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT
WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

Application No: L010219057

UCI: 57358829

CLIENT INFORMATION

Family Name: LUCERO
Given Name(s): ~~CHLOE ANNELIESE~~ CHLOE ANNELIESE
Date of Birth: 1982/11/02 (yyyy/mm/dd)
Sex: FEMALE
Country of Birth: UNITED STATES OF AMERICA
Country of Citizenship: UNITED STATES OF AMERICA
Date Issued: 2020/09/24 (yyyy/mm/dd)
Expiry Date: 2024/09/24 (yyyy/mm/dd)

ADDITIONAL INFORMATION

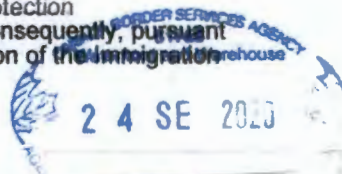
Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration and Refugee Board.

As of 2020/09/24 the above-named individual is eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.



N/A
Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned

13648

Money in possession

Minister 16080

NOT VALID FOR TRAVEL